

OFFICE USE ONLY		
Volunteer First & Last Name:		
Data Entry Staff Name:		
Code #:		

\square ID APPLICANT INFORMATION					
Last Name	First		Last 4 digits SS#		
Parent #2 Last Name	First		Last 4 digits SS#		
reet ddress			Apartment/Trlr #		
City	State		ZIP		
Home Phone	Cell Phone #1		Cell Phone #2		
Message Name & Number if you do not have a phone:			The following FREE resources can be helpful throughout the entire year. Please check the boxes that you are interested in. Parenting Resources (Help Me Grow) Help Locating Resources (2-1-1)		
E-mail Address					
Please circle the best way(s) for us and a sponsor to get a hold of you.	t Phone E-mail	☐ Kinship Care Resources (Grandfamilies) ☐ Tax Assistance (VITA)			
Please list your employer:	Spouse's Employer:				
Please circle your marital status: Married I	Divorced Single, living alone Single, livi	ng with i	relatives Single, living with significant other Widowed		

INCOME & EXPENSES - THIS SHOULD REFLECT THE AMOUNT YOU HAVE MADE AND SPENT THE PAST MONTH. WILL BE KEPT CONFIDENTIAL.				
Income Description	Monthly Amount	Monthly Expenses	Monthly Amount	
1st Income	\$	Rent or Mortgage	\$	
2nd Income	\$	Do you receive government housing assistance?	Yes No	
Public Assistance	\$	Utilities (gas, electric, water, etc.)	\$	
SNAP Food Stamps	\$	Car (gasoline, payments, etc.)	\$	
Social Security	\$	Phone & Cell Phone	\$	
Unemployment	\$	Food	\$	
Child Support	\$	Child Care	\$	
Student Aid	\$	Medical (co-pay, Rx, bills, etc.)	\$	
Family Assistance	\$	Debt Loan (monthly payment towards debts)	\$	
Church Assistance	\$	Other	\$	
TOTAL (calculators are up front)	\$	TOTAL (calculators are up front)	\$	

QUESTIONS		
1. Do you have legal full time guardianship over all the children for whom you are applying? If no, please explain here:	YES	NO
2. Have you ever applied for help from Sub for Santa or Angel Tree in Utah County before?	YES	NO
3. Does anyone besides your children and spouse live at the address provided? YES NO If yes, is that person also applying for Sub for Santa assistance? YES NO NOT SURE If yes, please provide that person's first and last name:		

CHILDREN'S INFORMATION - LIST ONLY CHILDREN UNDER THE AGE OF 16. GIFTS MUST COST UNDER \$40 EACH. SPONSORS GENERALLY PROVIDE 3-5 GIFTS PER CHILD. THE ITEMS BELOW GIVE THEM AN IDEA OF WHAT YOUR CHILD LIKES OR NEEDS BUT THERE IS NO GUARENTEE THEY WILL GET THE EXACT ITEM(S) LISTED.

BUT THERE IS NO GUARENTEE THEY WILL GET THE EXACT ITEM(S) LISTED.			
☐ ID Name Birth date/ Circle one: Male Female			
Pant Size: Pant Fit: Slim Regular Plus Shirt Size : Clothing sizes are: Kids Adult Favorite color:			
Shoe Size: Circle one size type: Toddler Kids Adult			
Type of shoe needed most (circle one): athletic church snow boots fashion boots other			
List 2 toy or gift ideas that cost under \$40 each:			
List 2-3 clothing items your child needs:			
Book: Please circle the type of book any picture book comic popular adventure mystery sports romance/teen or leave the title of book for your child. Title or author:			
☐ ID Name Birth date/ Circle one: Male Female			
Pant Size: Pant Fit: Slim Regular Plus Shirt Size: Clothing sizes are: Kids Adult Favorite color:			
Shoe Size: Circle one size type: Toddler Kids Adult			
Type of shoe needed most (circle one): athletic church snow boots fashion boots other			
List 2 toy or gift ideas that cost under \$40 each:			
List 2-3 clothing items your child needs:			
Book: Please circle the type of book any picture book comic popular adventure mystery sports romance/teen or leave the title of book for your child. Title or author:			
☐ ID Name Birth date/ Circle one: Male Female			
Pant Size: Pant Fit: Slim Regular Plus Shirt Size : Clothing sizes are: Kids Adult Favorite color:			
Shoe Size: Circle one size type: Toddler Kids Adult			
Type of shoe needed most (circle one): athletic church snow boots fashion boots other			
List 2 toy or gift ideas that cost under \$40 each:			
List 2-3 clothing items your child needs:			
Book: Please circle the type of book any picture book comic popular adventure mystery sports romance/teen or leave the title of book for your child. Title or author:			
If you have additional children, please include on a separate page and attach.			
SPONSORS WOULD LIKE TO KNOW WHY YOU NEED HELP. PLEASE EXPLAIN BELOW. THIS SECTION MUST BE COMPLETED.			
If you are willing to share your story with local media to encourage sponsors to give to the program, please sign below. All names are changed to ensure privacy. This in no way affects acceptance to the program. Signature Date			
DISCLAIMER AND SIGNATURE			
By signing below, I am stating that the information I have given is correct. If this information is false, I understand that I could be denied Sub for Santa			
assistance and prosecuted for fraud. I give my permission to Sub for Santa as well as other non-profit agencies, church groups, and government agencies and			
assistance and prosecuted for fraud. I give my permission to Sub for Santa as well as other non-profit agencies, church groups, and government agencies and programs to verify this information as well as share and gather any additional information that may be deemed necessary or helpful to complete the applicant review process according to Sub for Santa's standards			

Date

Signature